



APPLICATION FOR CHANGE OF STUDY STATUS

SEMESTER: _____ SESSION: _____

APPLICANT'S GENERAL INFORMATION

1. Name:	2. Matric No.:
3. Mailing Address:	4. Telephone Home: Office: Mobile:
	5. E-mail :
6. Programme: 8. Current Mode of Study: Full-time <input type="checkbox"/> Part-time <input type="checkbox"/>	7. Centre :
	9. New Mode of Study: Full-time <input type="checkbox"/> Part-time <input type="checkbox"/>
10. Reasons for Change of Status: (Please use additional paper if necessary)	
11. Applicant's Signature:	Date:

APPROVAL BY DEAN OF ACADEMIC

Approved

Rejected

Update status:

Signature and Stamp : _____
Name : _____

Date : _____